

821

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 84

Registrar's No. 92

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 269 North Sutherland  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 7 Yrs.; in Arizona 7 Yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe  
(If outside city limits also write RURAL)

(d) Street No. 269 North Sutherland St. (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Amber Inman Hale (b) If Veteran name war No (c) Social Security No. 526-09-0989

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow

6. (b) Name of husband or wife Tipton Hale, Deceased 6. (c) Age of husband or wife, in yrs. \_\_\_\_\_

7. Birthdate of deceased Feb 25th 1909  
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 3 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pinon, New Mexico  
(City, town or county) (State or Country)

10. Usual Occupation Waitress

11. Industry or Business \_\_\_\_\_

12. Name Joseph W. Inman  
13. Birthplace Missouri  
(City, town or county) (State or Country)

14. Maiden Name Arizona Lewis  
15. Birthplace Brown County, Texas.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Clara McCormick  
(b) Address Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe, Ariz. (c) Date 8/30/43

18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe, Arizona

19. (a) Sept. 10 - 43  
(Date received local Registrar)  
(b) Gene W. Wauke  
(Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No. \_\_\_\_\_

Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 28th 1943  
TIME (Hour and minute) 6:20 PM M.

21. I hereby certify that I attended the deceased from July 14, 1943 to August 28, 1943;  
that I last saw her alive on August 28, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Amnesia

Due to Polycystic Kidneys  
Bilateral

Due to Adhesive Pericarditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Gene W. Wauke M. D.

Address Globe Date signed 9/7/43

DURATION

24 hrs.

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically